

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



Rural Health Clinic



RURAL HEALTH FACT SHEET SERIES

This publication provides the following information about Rural Health Clinics (RHC):

- ❖ Background;
 - ❖ RHC services;
 - ❖ Medicare certification as a RHC;
 - ❖ RHC visits;
 - ❖ RHC payments;
 - ❖ Cost reports;
 - ❖ Annual reconciliation; and
 - ❖ Resources.
- ❖ Services and supplies incident to the services of a physician;
 - ❖ NP, PA, certified nurse-midwife (CNM), clinical psychologist (CP), and clinical social worker (CSW) services;
 - ❖ Services and supplies incident to the services of a NP, PA, CNM, CP, and CSW;
 - ❖ Medicare Part B covered drugs furnished by and incident to services of a RHC provider; and
 - ❖ Visiting nurse services to the homebound in an area where CMS has certified that there is a shortage of Home Health Agencies.

Background

The Rural Health Clinic Services Act of 1977 (Public Law 95-210) was enacted to address an inadequate supply of physicians serving Medicare patients in rural areas and to increase the utilization of non-physician practitioners such as nurse practitioners (NP) and physician assistants (PA) in rural areas. There are approximately 3,800 RHCs nationwide that provide access to primary care services in rural areas. For a list of Medicare certified RHCs, please refer to the file located at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/rhclistbyprovidername.zip> on the Centers for Medicare & Medicaid Services (CMS) website.

Rural Health Clinic (RHC) Services

RHCs furnish:

- ❖ Physician services;



Medicare Certification as a Rural Health Clinic (RHC)

To qualify as a RHC, a clinic must be located in:

- ❖ A non-urbanized area, as defined by the U.S. Census Bureau; and
- ❖ An area currently designated by the Health Resources and Services Administration as one of the following types of Federally designated or certified shortage areas:
 - Primary Care Geographic Health Professional Shortage Area (HPSA) under Section 332(a)(1)(A) of the Public Health Service (PHS) Act;
 - Primary Care Population-Group HPSA under Section 332(a)(1)(B) of the PHS Act;
 - Medically Underserved Area under Section 330(b)(3) of the PHS Act; or
 - Governor-designated and Secretary-certified shortage area under Section 6213(c) of the Omnibus Budget Reconciliation Act of 1989.

RHCs must:

- ❖ Employ a NP or PA;
- ❖ Have a NP, PA, or CNM working at the clinic at least 50 percent of the time the RHC operates;
- ❖ Directly furnish routine diagnostic and laboratory services;
- ❖ Have arrangements with one or more hospitals to furnish medically necessary services that are not available at the RHC;
- ❖ Have available drugs and biologicals necessary for the treatment of emergencies;
- ❖ Furnish onsite all of the following laboratory tests:
 - Chemical examination of urine by stick or tablet method or both;
 - Hemoglobin or hematocrit;
 - Blood sugar;
 - Examination of stool specimens for occult blood;
 - Pregnancy tests; and
 - Primary culturing for transmittal to a certified laboratory;
- ❖ Have an annual program evaluation;
- ❖ Post their days and hours of operation;
- ❖ Not be a rehabilitation agency or a facility that is primarily for the treatment of mental disease;
- ❖ Not be a Federally Qualified Health Center; and
- ❖ Meet other applicable State and Federal requirements.

Rural Health Clinic (RHC) Visits

RHC visits are medically necessary face-to-face encounters between the patient and a physician, NP, PA, CNM, CP, or CSW during which a RHC service is furnished. In certain limited situations, RHC visits may also include a visit by a registered professional nurse or a licensed practical nurse to a homebound patient.

RHC visits may take place at:

- ❖ The RHC;
- ❖ The patient's residence;
- ❖ An assisted living facility;
- ❖ A Medicare-covered Part A Skilled Nursing Facility; or
- ❖ The scene of an accident.

RHC visits may not take place at:

- ❖ An inpatient or outpatient hospital (including a Critical Access Hospital); or
- ❖ A facility which has specific requirements that preclude RHC visits.

Encounters at a single location on the same day with more than one health professional and multiple encounters with the same health professional constitute a single visit, except when the patient:

- ❖ Suffers an illness or injury requiring additional diagnosis or treatment subsequent to the first encounter; or
- ❖ Has a medical visit and a psychological visit with a CP or CSW; or
- ❖ Has an Initial Preventive Physical Examination (IPPE) (also known as the "Welcome to Medicare Preventive Visit") and a separate medical and/or psychological visit on the same day.

The IPPE is a one-time exam that must occur within the first 12 months after the effective date of the patient's Medicare Part B coverage.



Rural Health Clinic (RHC) Payments

The RHC per-visit payment limit is established by Congress and changes each year based on the percentage change in the Medicare Economic Index. RHCs receive cost-based reimbursement for a defined set of core physician and certain non-physician outpatient services. Payment is based on an all-inclusive payment methodology, subject to a maximum payment per visit and annual reconciliation. The per-visit limit does not apply to RHCs that are an integral and subordinate part of a hospital with fewer than 50 beds. Laboratory tests are paid separately.

The coinsurance for Medicare patients is 20 percent of the reasonable and customary charges except for the following services:

- ❖ Outpatient mental health treatment services – Prior to 2010, the outpatient mental health treatment limitation increased the patient's copayment for mental health treatment services (not including diagnostic services) to 50 percent of the clinic's reasonable and customary charges. With enactment of the Medicare Improvements for Patients and Providers Act of 2008, the amount of the patient's copayment for this service was reduced to 40 percent in 2012. It will be reduced to 35 percent on January 1, 2013. The final copayment reduction to 20 percent will be effective on January 1, 2014; and
- ❖ Certain preventive services – Effective January 1, 2011, patient cost-sharing requirements for most Medicare-covered preventive services are waived, and Medicare pays 100 percent of the costs for these services. No coinsurance or deductible is required for personalized prevention plan services and any covered preventive services recommended with a grade of A or B by the U.S. Preventive Services Task Force.

The Part B deductible applies to RHC services and is based on the reasonable and customary billed charges. Non-covered expenses do not count toward the deductible. After the deductible has been satisfied, RHCs are paid 80 percent of the all-inclusive interim encounter payment rate for each RHC visit, with the exception of those services subject to the mental health limitation and any preventive services reimbursed by Medicare at 100 percent of cost.

Influenza and Pneumococcal Vaccine Administration and Payment

The cost of the influenza and pneumococcal vaccines and related administration are separately reimbursed at annual cost settlement. There is a separate worksheet on the cost report to report the cost of these

vaccines and related administration. These costs should not be reported on a RHC claim when billing for RHC services. The patient pays no Part B deductible or coinsurance for these services. When a RHC practitioner (e.g., a physician, NP, PA, or CNM) sees a patient for the sole purpose of administering these vaccinations, the RHC may not bill for a visit; however, the costs of the vaccines and their administration are included on the annual cost report and reimbursed at cost settlement.

Hepatitis B Vaccine (HBV) Administration and Payment

The cost of the Hepatitis B vaccine (HBV) and related administration are covered under the RHC's all-inclusive rate. If other services that constitute a qualifying RHC visit are furnished at the same time as the HBV, the charges for the vaccine and related administration should be reported on a separate line item to ensure that deductible and coinsurance are not applied. When a RHC practitioner (e.g., a physician, NP, PA, or CNM) sees a patient for the sole purpose of administering this vaccination, the RHC may not bill for a visit; however, the costs of the vaccine and its administration are included on the annual cost report. Charges for the HBV may be included on a claim for the patient's subsequent RHC visit.



Payment for Telehealth Services

RHCs may serve as an originating site for telehealth services. An originating site is the location of an eligible Medicare patient at the time the service being furnished via a telecommunications system occurs. RHCs that serve as an originating site for telehealth services are paid an originating site facility fee.

RHCs are not authorized to serve as a distant site for telehealth consultations. A distant site is where the practitioner is physically located at the time of a telemedicine encounter. RHCs may not bill or include the cost of a visit on the cost report.

Cost Reports

Independent RHCs must complete Form CMS-222-92, Independent Rural Health Clinic and Freestanding Federally Qualified Health Center Cost Report, to identify all incurred costs applicable to furnishing covered RHC services. Please refer to the “Provider Reimbursement Manual – Part 2” (Publication 15-2), Chapter 29, located at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021935.html> on the CMS website, to find Form CMS-222-92.

Hospital-based RHCs must complete Worksheet M of Form CMS-2552-96, Hospital and Hospital Health Care Complex Cost Report, to identify all incurred costs applicable to furnishing covered RHC services. RHCs based in other types of providers must complete the appropriate set of RHC worksheets on the cost report

filed by the parent provider. A RHC based in a hospital with less than 50 beds is not subject to the per-visit payment limit and has an encounter rate based on its full reasonable cost. If a RHC is in its initial reporting period, the all-inclusive visit rate is determined on the basis of a budget the RHC submits. The budget estimates the allowable cost that will be incurred by the RHC during the reporting period and the number of expected visits during the reporting period. Please refer to the “Provider Reimbursement Manual – Part 2” (Publication 15-2), Chapter 36, located at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Paper-Based-Manuals-Items/CMS021935.html> on the CMS website, to find Form CMS-2552-96.

Annual Reconciliation


At the end of the annual cost reporting period, RHCs submit a report to the Medicare Claims Administration Contractor that includes actual allowable costs and actual visits for RHC services for the reporting period and any other information that may be required. After reviewing the report, the Medicare Contractor divides allowable costs by the number of actual visits to determine a final rate for the period.

The Medicare Contractor determines the total payment due and the amount necessary to reconcile payments made during the period with the total payment due. Both the final rate and the interim rate are subject to screening guidelines for evaluating the reasonableness of the RHC’s productivity, payment limit, and mental health treatment limit.



Resources

The chart below provides RHC resource information.

For More Information About...	Resource
Rural Health Clinics	<p>Chapter 13 of the “Medicare Benefit Policy Manual” (Publication 100-02) located at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c13.pdf on the CMS website</p> <p>Chapter 9 of the “Medicare Claims Processing Manual” (Publication 100-04) located at http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c09.pdf on the CMS website</p>
All Available Medicare Learning Network® (MLN) Products	<p>“Medicare Learning Network® Catalog of Products” located at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf on the CMS website or scan the Quick Response (QR) code on the right</p> 
Provider-Specific Medicare Information	<p>MLN publication titled “MLN Guided Pathways to Medicare Resources Provider Specific Curriculum for Health Care Professionals, Suppliers, and Providers” booklet located at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_Booklet.pdf on the CMS website</p>
Medicare Information for Beneficiaries	<p>http://www.medicare.gov on the CMS website</p>



Helpful Websites

American Hospital Association Rural Health Care

<http://www.aha.org/advocacy-issues/rural>

Critical Access Hospitals Center

<http://www.cms.gov/Center/Provider-Type/Critical-Access-Hospitals-Center.html>

Disproportionate Share Hospital

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/dsh.html>

Federally Qualified Health Centers Center

<http://www.cms.gov/Center/Provider-Type/Federally-Qualified-Health-Centers-FQHC-Center.html>

Health Resources and Services Administration

<http://www.hrsa.gov>

Hospital Center

<http://www.cms.gov/Center/Provider-Type/Hospital-Center.html>

Medicare Learning Network®

<http://go.cms.gov/MLNGenInfo>

National Association of Community Health Centers

<http://www.nachc.org>

National Association of Rural Health Clinics

<http://www.narhc.org>

National Rural Health Association

<http://www.ruralhealthweb.org>

Physician Bonuses

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HPSAPSAPhysicianBonuses>

Rural Assistance Center

<http://www.raconline.org>

Rural Health Clinics Center

<http://www.cms.gov/Center/Provider-Type/Rural-Health-Clinics-Center.html>

Swing Bed Providers

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNPPPS/SwingBed.html>

Telehealth

<http://www.cms.gov/Medicare/Medicare-General-Information/Telehealth>

U.S. Census Bureau

<http://www.census.gov>



This fact sheet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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Regional Office Rural Health Coordinators

Below is a list of contact information for CMS Regional Office Rural Health Coordinators who provide technical, policy, and operational assistance on rural health issues.

Region I – Boston

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Region III – Philadelphia

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States: Delaware, Maryland, Pennsylvania, Virginia, West Virginia, and the District of Columbia

Region IV – Atlanta

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States: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Region V – Chicago

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Region VI – Dallas

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States: Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII – Kansas City

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States: Iowa, Kansas, Missouri, and Nebraska

Region VIII – Denver

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States: Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX – San Francisco

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States: Arizona, California, Hawaii, Nevada, Guam, Commonwealth of the Northern Mariana Islands, American Samoa, Marshall Islands, Republic of Palau, and Federated States of Micronesia

Region X – Seattle

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States: Alaska, Idaho, Oregon, and Washington